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Signature: Shirley Fajardo

PATENT
Docket No. P1553

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: LAWRENCE KATES

SERIAL NO.: 10/718,374

EXAMINER: TO BE ASSIGNED

FILED: NOVEMBER 19, 2003

ART UNIT: 2838

FOR: REPEATER UNIT

COMMISSIONER FOR PATENTS
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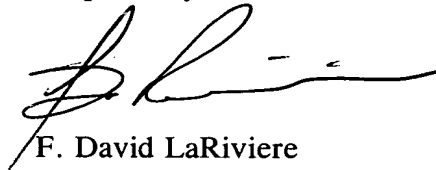
Dear Sir:

In connection with the above-referenced patent application, transmitted herewith are the following::

1. Revocation of Power of Attorney form PTO/SB/82 (1 page); and
2. Post card in acknowledgment of receipt of all transmitted material.

Please date-stamp the enclosed post card and return same to the undersigned in acknowledgment of receipt of all transmitted materials.

Respectfully submitted,



F. David LaRiviere
Reg. No. 27,207

FDL/rm
July 29, 2004
LARIVIERE, GRUBMAN & PAYNE, LLP
P. O. Box 3140
Monterey, CA 93942
(831) 649-8800



PTO/SB/82 (09-03)

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| | |
|------------------------|-------------------|
| Application Number | 10/718,374 |
| Filing Date | November 19, 2003 |
| First Named Inventor | Lawrence Kates |
| Art Unit | 2838 |
| Examiner Name | To be assigned |
| Attorney Docket Number | P1553 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Lawrence Kates

Signature

Date

July 27, 2004

Telephone

(949) 219-2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

| | | | | | |
|--|-------------------------------|-------|----------------|-----|-------|
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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------|-----------|----------------|
| Name | Lawrence Kates | | |
| Signature | | | |
| Date | July 27, 2004 | Telephone | (949) 219-2000 |

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